FOR INSTRUCTIONS, SEE BACK OF FORM CHECK ONE: This is an initial* Statement of Organization This is an amended* Statement of Organization *An initial Statement of Organization must be filed within 10 days of the comaking expenditures, or incurring indebtedness exceeding \$750. Amendia change. Penalties may be imposed for late-filed Statements of Organization must be filed statements of Organization a change. Penalties may be imposed for late-filed Statements of Organization must be filed statements of Organization and in the statement of Organization and in	DR-1 (Rev. 01/2006) ORGANIZATION For Office Use Only Comm. # Indexed Audited Audited
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the candidate's last name in the name of the committee.)	
IMPORTANT: Indicate type of committee you are reporting for: 6	
IMPORTANT: Indicate type of committee you are reporting for: / (1)Statewide/Legislative/Judge Standing for Retention Candidate (2)Statewide PAC (3)State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue(including committee involved in multiple city/county ballot issues)	
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mandatory except for a candidate's committee)
Name + Alberta M. Voge	Name ↓ ↓
Mailing Address & & & ()	Mailing Address ↓ ↓
City, State & Zip Code & City, IA 50595	City, State ↓ ↓ Zip Code ↓ ↓
Webster City, IA 50595	
Phone (515) 832 - 1783	Phone ()
e-Mail	e-Mail
INDICATE PURPOSE OF COMMITTEE - Check One Box Advocate for/against candidate(s) Advocate for ballot issue(s) Comment or description: Advocate against ballot issue(s)	
All Candidates Enter: Office Sought: City Council	County/Local Candidates and Local Ballot Committees Enter:
Political Party (if applicable) County:	
District:	
Year Standing for Election: 2007	Date of Election: 11/6/07
Bank Account Name ↓ ↓	Candidate name & Address or Parent Entity (PACs, if applicable).
	Candidate name & Address or Parent Entity (PACs, if applicable). Affiliate, or Sponsor Kerry Carleton Mailing Address Mailing Address
Bank Account Name	$\frac{\text{Affiliate, or Sponsor}}{\text{Mailing Address}}$ $\frac{\text{Mailing Address}}{\text{City}} \downarrow \downarrow \qquad \qquad$
Bank Account Name Carleton For City Council Name of Financial Institution/type of Account First State Bank - checking acct. Mailing Address +	$\frac{\text{Affiliate, or Sponsor}}{\text{Mailing Address}}$ $\frac{\text{Mailing Address}}{\text{City}} \downarrow \downarrow \qquad \qquad$
Bank Account Name Carleton For City Council Name of Financial Institution/type of Account First State Bank - checking acct. Mailing Address Mailing Address Tool N. Terrace Dr. City State Zip Tip	Mailing Address ↓ ↓ Milling Address
Bank Account Name Carleton For City Council Name of Financial Institution/type of Account First State Bank - checking acct. Mailing Address +	$\frac{\text{Affiliate, or Sponsor}}{\text{Mailing Address}}$ $\frac{\text{Mailing Address}}{\text{City}} \downarrow \downarrow \qquad \qquad$
Carleton For City Council Name of Financial Institution/type of Account First State Bank - checking acct. Mailing Address 1001 N. Terrace Dr. City State Zip Terrace Dr.	Affiliate, or Sponsor Kerry Carleton Mailing Address 1/43 First St. City
Carleton For City Council Name of Financial Institution/type of Account First State Bank - checking acct. Mailing Address 1001 N. Terrace Dr. City State Zip Terrace Dr.	Affiliate, or Sponsor Kerry Carleton Mailing Address 1/43 First St. City
Bank Account Name Carleton For City Council Name of Financial Institution/type of Account First State Bank - checking acct. Mailing Address Mailing Address Tool N. Terrace Dr. City State Tap Webster City, IA 50595 STATEMENT OF AFFIRMATION: By filling this document the committee af	Affiliate, or Sponsor Kerry Carleton Mailing Address 1/43 First St. City
Bank Account Name Carleton For City Council Name of Financial Institution/type of Account First State Bank - checking acct. Mailing Address Mailing Address Tool N. Terrace Dr. City + State + Zip + Zip Webster City, IA 50595 STATEMENT OF AFFIRMATION: By filling this document the committee aff 1. The committee and all persons connected with the committee understand the rules in Chapter 351 of the lowa Administrative Code. 2. That lowa Code section 68A.402 and rule 351—4.9 require the filing of disclete.	Affiliate, or Sponsor Kerry Carleton Mailing Address 1/43 First St. City
Bank Account Name Carleton For City Council Name of Financial Institution/type of Account First State Bank - checking acct Mailing Address Mailing Address Tool N. Terrace Dr. City State Tober Total	Affiliate, or Sponsor Kerry Carleton Mailing Address I/43 First St. City
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Rank Account Name Carleton For City Council Name of Financial Institution/type of Account First State Bank - checking acct Mailing Address Mailing Address Tool N. Terrace Dr. City	Affiliate, or Sponsor
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Rank Account Name Carleton For City Council Name of Financial Institution/type of Account First State Bank - checking acct Mailing Address Mailing Address Mailing Address Tool N. Terrace Dr. City + State + Zip +	Mailing Address Mailing Address
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